



National  
Aeronautics and  
Space  
Administration

# Invention Evaluation Questionnaire

DATE

NASA CASE NO.

TO:

FROM:

## INSTRUCTIONS

The attached invention disclosure relating to subject matter under your technical cognizance is submitted for your review. Completion and return of this questionnaire and the attached materials *within two weeks* will allow a prompt evaluation of the extent of NASA's interest in obtaining patent protection, commercial dissemination, etc. of the disclosed invention. Your remarks may be noted in longhand if desired.

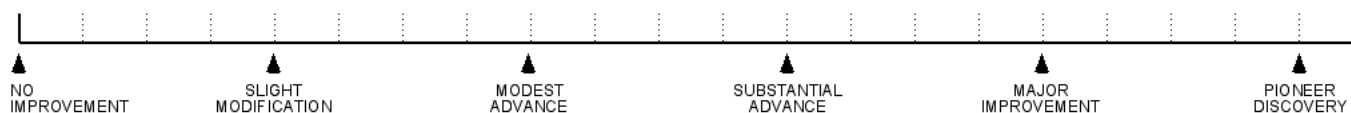
TITLE OF INVENTION

INVENTOR(S)

CONTRACTOR

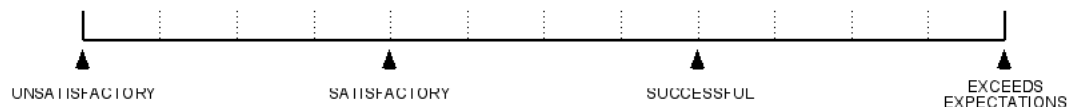
### 1. SIGNIFICANCE *(The relative importance of the invention in its field of Technology)*

Check the appropriate position on the spectrum.



### 2. PERFORMANCE *(The performance of the invention)*

Check the appropriate position on the spectrum. If "Undetermined," check the box provided and indicate when evaluation will be possible.



☐ UNDETERMINED. If undetermined, evaluation will be possible by \_\_\_\_\_  
(Approximate Date)

### 3. USE *(Used by, or potential use by, NASA, Other Government Agencies and Private Industry)*

a. NASA

(1) NATURE OF USE *(Check the appropriate block)*

☐ (a) Currently in Operational Use      ☐ (b) Future Operational Use Contemplated      ☐ (c) No Operational Use Contemplated

(2) WHERE USED AND EXTENT *(If a(1)(a) or a(1)(b) was checked, give location and extent (quantity) invention is being or will be used.)*

b. OTHER GOVERNMENT AGENCIES

(1) NATURE OF USE *(Check the appropriate block)*

☐ (a) Currently in Operational Use      ☐ (b) Future Operational Use Contemplated      ☐ (c) No Operational Use Contemplated

(2) WHERE USED AND EXTENT *(If b(1)(a) or b(1)(b) was checked, give name of agency and extent (quantity) invention is being or will be used.)*

**3. USE (Continued)**c. PRIVATE INDUSTRY (*Commercial Potential*)(1) COMMERCIAL APPLICATION (*Check the appropriate block*)☐

(a) Has Commercial Application

☐

(b) No Known Commercial Application

(2) IF c(1)(a) HAS BEEN CHECKED, SPECIFY TYPE OF PRODUCT OR PROCESS IN WHICH THE PRODUCT IS LIKELY TO BE UTILIZED.

(3) IF c(1)(a) HAS BEEN CHECKED, COULD THE PRODUCT OR PROCESS BE TRANSFERRED TO A COMMERCIAL LINE?  
(*Check the appropriate block*)☐

(a) In existing form or with minor modification

☐

(b) With moderate modification

☐

(c) Only with extensive further development

(4) MARKET (*If c(1)(a) has been checked, what would be the extent or the potential commercial market for the product or process? Check the appropriate position on the spectrum.*)(5) COMMENT (*Give additional comments concerning the commercialization of the product or process.*)**4. FUNDS**a. COST TO REPRODUCE THE SPECIFIC INVENTION (*Approximate*) ..... \$b. COST OF THE SYSTEM OF WHICH THE INVENTION IS A COMPONENT (*If applicable*) ..... \$**5. VERIFICATION OF LISTING OF INVENTORS***Check the appropriate block*☐

a. ABOVE LISTING IS COMPLETE

☐

b. ABOVE LISTING IS INCOMPLETE

**6. CERTIFICATION**

**I HAVE REVIEWED THE ABOVE IDENTIFIED INVENTION AND, BASED ON CONSIDERATIONS WHICH INCLUDE SUCH FACTORS AS TECHNOLOGICAL SIGNIFICANCE, GOVERNMENTAL USE OR PROSPECTIVE USE, AND ACTUAL OR PROSPECTIVE COMMERCIAL OR INDUSTRIAL APPLICATION, BELIEVE THAT THE INVENTION**

☐ **IS**      ☐ **IS NOT OF SIGNIFICANT INTEREST TO THE GOVERNMENT.**

**7. EVALUATED BY**

a. SIGNATURE AND TITLE

b. DATE

**FOR USE OF PATENT REPRESENTATIVE**

EVALUATION OF COMMENTS

INITIAL EVALUATION

SIGNATURE OF ATTORNEY

DATE